

PERMIT APPLICATION - GRAIN, FEED, FERTILIZER OPERATIONS

NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF AIR QUALITY SFN 8524 (12-05) AP 104

GENERAL

Name of Firm or Organization		Date of Const	ruction
Person Submitting Application	Title	Telephone Nu	ımber
Person to Contact on Air Pollution	Title	Telephone Nu	ımber
Mailing Address	City	State	Zip Code
Plant Location (No. & Street)	City	State	Zip Code
Plant Location 1/4 Sec. Twp.	Rge.	County	

riant Education (No. & Street)				Oity		State	Zip Code		
Plant Location 1/4	Sec.		Twp.	Rge.		County			
PROCESSES TO BE PERFO	RMED AT FACILITY ("X" all that	apply and com	plete attached tabl	es.)	•			
GRAIN HANDLING AND				OCESSING		RTILIZER HANDLIN	NG AND MIXING		
□ Receiving and Shipping		□ Feed Gri	nding		□ Blending a	and Mixing			
□ Grain Cleaning		□ Feed Ro	lling		□ Bagging				
□ Grain Drying		□ Feed Mix	king or Blending		□ Bulk Sellin	Bulk Selling			
□ Grain Polishing		□ Hammer	mill Operations		ling				
□ Grain Milling					tilizer Blending - Mixing				
□ Grain Scalping					ertilizer - Selling				
PERATIONS									
OPERATING SCHEDULE	HOURS PER	DAYS PER WEEKS			PERCENT O	F OPERATION			
OPERATING SCHEDULE	DAY	WEEK	PER YEAR	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC		
GRAIN HANDLING									
FEED PROCESSING									
FERTILIZER HANDLING									
TYPES OF GRAIN HANDLED: Wheat Barley Oats Rye	□ Corn □ Flax		Edible Beans Soy Beans	□ Other □ Sunflo		Annual Through	out of Grain Bushels		

I undersigned owner/applicant, or authorized representative of the applicant is fully aware that the statements made in this form and the attached exhibits and statements constitute the application for a Permit to Construct and/or a Permit to Operate from the North Dakota Department of Health, and certifies that the information is true, correct, and complete to the best of his/her knowledge and belief.

NOTE: Authorized representative of application must attach a Letter of Authorization

Signature of Applicant	Date
X	

INSTRUCTIONS

Complete one form for each grain elevator, feed plant or fertilizer plant your company intends to operate (or continue operating). If an item on the form does not apply to your application, enter "NA" - do not leave an area on the form blank.

Submit plans and flow diagrams along with this form if such illustrations will help to explain your facility and its dust control equipment. Plans which show house dimensions, equipment location, air duct dimensions, air velocities, and dust control system layouts will facilitate an expeditious evaluation of your dust control equipment.

If the person submitting and signing these forms is not the owner or authorized company official, a letter of authorization signed by the owner, or authorized company official must accompany the application. Such a letter or authorization will not relieve the owner or company of the responsibility for complying with the provisions of Chapter 23-25 of the North Dakota Century Code and all the rules and regulations of the Department, or revisions thereof.

Submit your application and all documents to:

ND Department of Health Division of Air Quality 918 E Divide, 2nd Floor Bismarck, ND 58501-1947

(701)328-5188

GRAIN HANDLING AND PROCESSING EQUIPMENT

DUST SYSTEM RATED **ESTIMATED PROVIDED** NAME OF MISCELLANEOUS AND REMARKS MODEL **EQUIPMENT** CAPACITY ANNUAL USAGE **IDENTIFICATION** AIR VOLUME MANUFACTURER (BU/HR) (HOURS) ACFM NUMBER YES NO Grate Wide Grate Length Truck Receiving Pit Ft. Ft. Back Pits Elevator Leg 1 Elevator Leg 2 Elevator Leg 3 Elevator Leg 4 Elevator Leg 5 Elevator Leg 6 Distributor Automatic Scale Grain Cleaner 1 Type of Grain Cleaned Grain Cleaner 2 Type of Grain Cleaned Grain Dryer 1 Grain Dryer 2 Grain Dryer 3 **Bottom Conveyor** Other - Specify

FEED PROCESSING EQUIPMENT

Page 4 of 6

							DUST SYSTEM		_		
EQUIPMENT	NAME OF MANUFACTURER	MODEL	RATED CAPACITY	ESTIMATED ANNUAL USAGE	PROV	<u>IDED</u>	IDENTIFICATION	AIR VOLUME	MISCELLANEOU	S AND REMARKS	
	WANT ACTORER		(BU / HR)	(BUSHELS)	YES	NO	NUMBER	ACFM			
Truck Receiving Pit									Grate Length Ft.	Grate Wide	Ft.
Back Pits											
Elevator Leg 1											
Elevator Leg 2											
Elevator Leg 3											
Distributor											
Automatic Scale											
Grain Cleaner 1									Type of Grain Cleaned		
Grain Cleaner 2									Type of Grain Cleaned		
Feed Grinder											
Feed Roller											
Feed Blender/Mixer											
Feed Pelletizer											
Hammermill 1											
Hammermill 2											
Other - Specify											

DUST CLEANING EQUIP	MENT (Specify dua	st concentration unit	ts -)							F	Page 5 of 6
				GAS CONDITIONS								
SYSTEM ID NO. TYPE (CYCLONE, BAG, FILTER, ETC.)	TYPE (CYCLONE, BAG, FILTER,	MANUFACTURER	MODEL	CLE EFFI	ANING CIENCY	INLET			OUTLET			STACK HEIGHT
				DESIGN	OPERATING	VOL ACFM	VEL FPM	DUST CONC	VOL ACFM	VEL FPM	DUST CONC	(FEET)
Dust System #1												
Dust System #2												
Dust System #3											7	
Dust System #4												
Cleaner System #1												
Cleaner System #2												
	D 10 1 11	err e N. r			l				<u> </u>	1	<u>.l</u>	
FAN INFORMATION (Ente		entification No. from			DUST SY	CTEM	AIR FLOW	/ VOLUME	T FAN (SPEED	Т	
FAN MANUFACT	URER		MODEL		ID N	O.	(AC	FM)	(RI	PM)	HORSE	EPOWER
									 		 	
											<u> </u>	
									1		-	
Describe where dust is stored ar	nd how it is disposed of:											

FERTILIZER HANDLING AND MIXING EQUIPMENT

EKTILIZEK HANDLING	AND MIXING EQUIPMEN			1	1				Page 6 of 6
			DATED	ESTIMATED			DUST SYSTEM		
EQUIPMENT NAME OF MANUFACTURER		MODEL	RATED CAPACITY (BU / HR)	ANNUAL USAGE	PROVIDED		IDENTIFICATION	AIR VOLUME	MISCELLANEOUS AND REMARKS
		(5071111)	(HOURS)	YES	NO	NUMBER	ACFM		
Conveyors									
Augers									
Mixers or Blenders									
Bagging Machines									

NAME OF FERTILIZER CHEMICALS HANDLED	ANNUAL QUANTITY (SPECIFY UNITS)	SPECIFY LIQUID OR DRY FORM	SPECIFY HOW CHEMICALS ARE RECEIVED